

Name
in
Full

Mildrid A. Bailly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxford</i> Town <i>"</i>		<i>Talbot</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>5</i>	Day <i>19</i>	Age <i>27</i>	Months <i>3</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mildrid S. Mulder</i>				
Father's Name <i>Jas B. Mulder</i>	Father's Birthplace <i>Holland</i>				
Mother's Maiden Name <i>Sarah A. Mulder</i>	Mother's Birthplace <i>England</i>				
Name of person giving Information <i>Wm. Dotson</i>	How related to deceased <i>Not at all</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Twenty Hours</i>
Immediate <i>Convulsions</i>	How long <i>Eight Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. P. Robulis</i>
	Address <i>Oxford Maryland</i>
Accident or Suicide?	

Easton



Name
in
Full

Eugene Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cordova		County Talbot		MARYLAND	
Date of death 1905	Month May	Day 14	Age	Years 52	Months X	Days X	
Sex Male	Color or Race Negro		Birth- place Maryland				
Married, Single or Widowed		Maid		Occupation			
Name of Wife or Husband		Mary Ellen					
Father's Name		X		Father's Birthplace		X	
Mother's Maiden Name		X		Mother's Birthplace		X	
Name of person giving in formation		Thos Brown.		How related to deceased		Aunt	

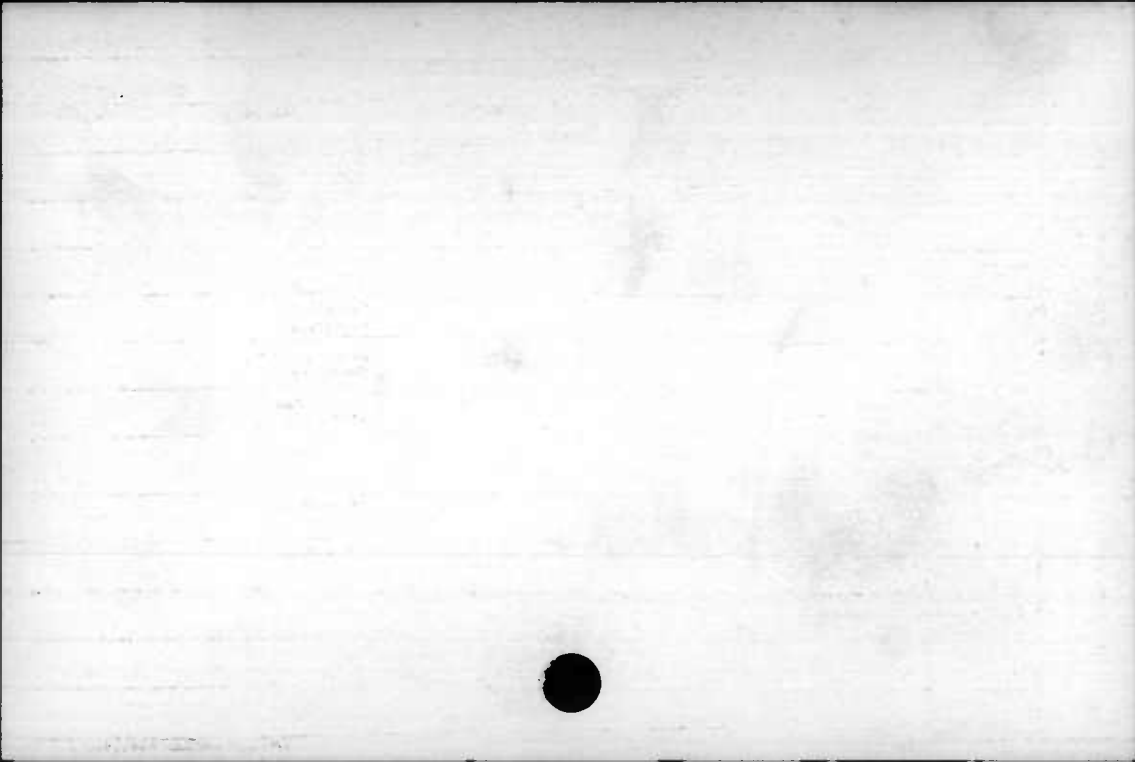
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aephritis		How long 7 weeks
Immediate	"		
Are the name, age, sex, color, date and place correctly given above?		They are	Signature of Physician
			Address Cordova
Accident or Suicide?		X	



Name in Full		Sirena Campbell				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Easton</i>		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND			
	Date of death	1905	Month	May	Day	26	Age	Years 30	Months 7	Days 23
	Sex	Female		Color or Race	Black		Birth-place	Md		
	Occupation	Housewife			Where Residing if not at place of death			X		
	Married, Single or Widowed	Married		Name of Wife or Husband		George Campbell				
	Father's Name	Charles Lawrence					Father's Birthplace	Md		
	Mother's Maiden Name	Sirena Lawrence					Mother's Birthplace	Md		
Name of person giving information	George Campbell					How related to deceased	Husband			
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Premature labor followed by weak breast					How long	one month		
	Immediate	Exhaustion					How long	a few hours		
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician		E. R. Zippe		
						Address		Easton Md		
Accident or Suicide?										



Name
in
Full

Gertrude Chambers

CERTIFICATE OF DEATH

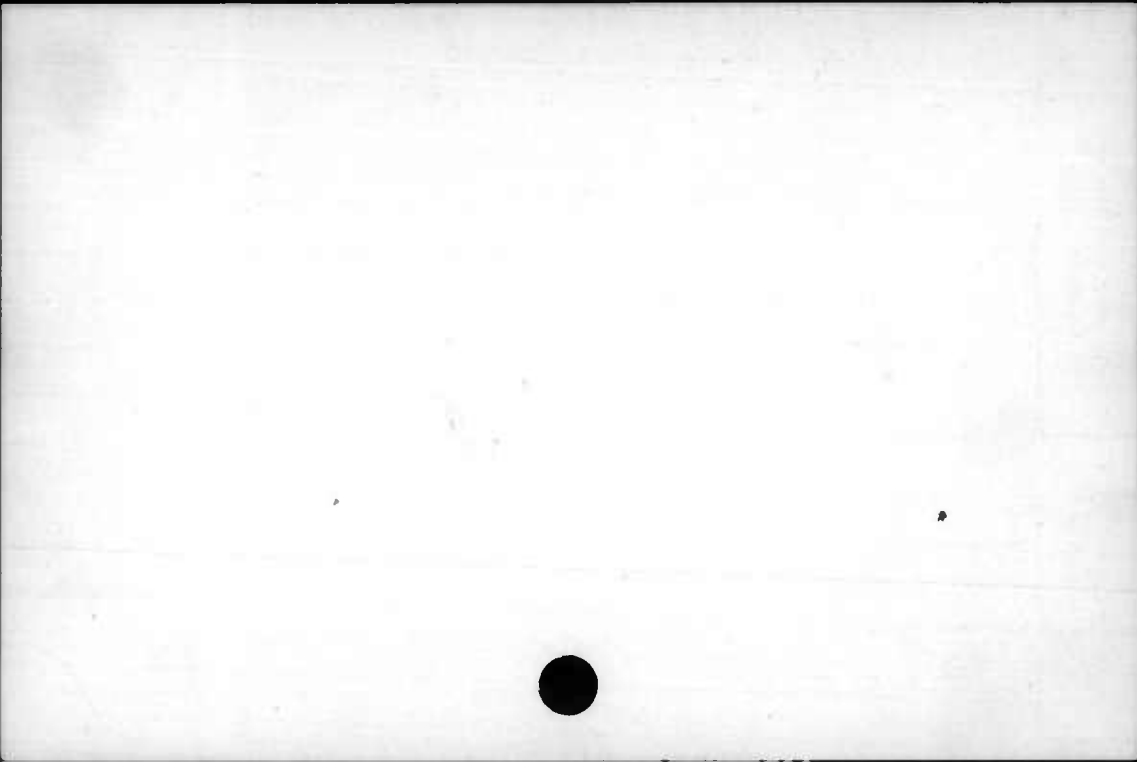
TO BE ANSWERED BY
NEAREST FRIEND

Died near ^{Town} Longwood		^{County} Talbot		MARYLAND	
Date of death 1.90	Month May	Day 10	Age 15	Months	Days
Sex Female	Color or Race Black	Birth-place Md			
Occupation Servant	Where Residing if not at place of death		X		
Married, Single or Widowed Single	Name of Wife or Husband		X		
Father's Name Bascomb Chambers	Father's Birthplace Md				
Mother's Maiden Name Mary Lizzie Chambers	Mother's Birthplace Md				
Name of person giving Information Bascomb Chambers	How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Labor	How long One hour
Immediate Eclampsia	How long 4 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. P. L. Travers
	Address Easton - Md
Accident or Suicide?	



Name
in
Full

Sarah Covey

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} St. Michaels^{County} TalbotDate
of death 1905

Month 5

Day 1

Age

Years 89

Months —

Days —

Sex

Female

Color or
Race

White

Birth-
place

Caroline Co. Md

Occupation

Housework

Where Residing if not
at place of death —Married, Single
or Widowed

Widowed

Name of Wife or
Husband —Father's
Name

Can not ascertain

Father's
Birthplace

Can not ascertain

Mother's
Maiden Name

Can not ascertain

Mother's
Birthplace

Can not ascertain

Name of person giving
Information

Hattie Shockley

How related
to deceased

Grand Daughter

CAUSES OF DEATH

Primary

Chronic nephritis

How long

16 months

Immediate

Convulsions

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. B. Blasevich

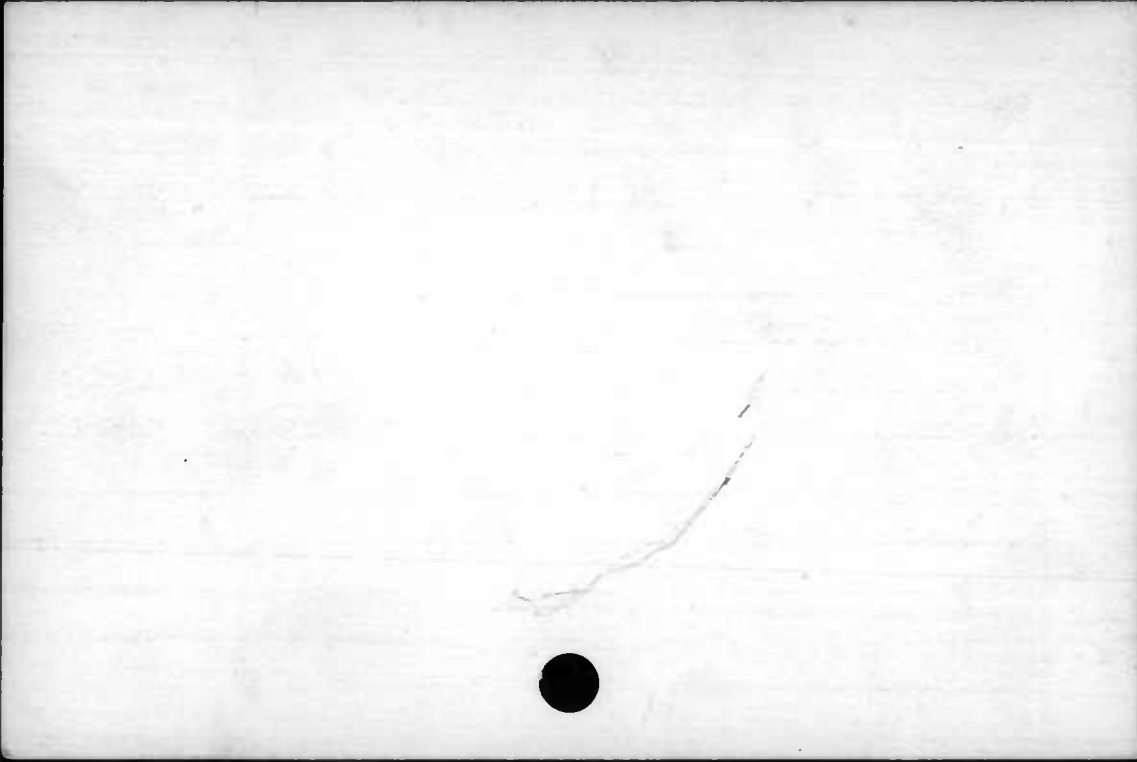
Address

St. Michaels Md

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>22</u>	Age <u>2</u>	Months <u>3</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Easton</u>			
Occupation <u>X</u>	Where Residing if not at place of death <u>Easton</u>				
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>X</u>				
Father's Name <u>Do not know</u>	Father's Birthplace <u>Do not know</u>				
Mother's Maiden Name <u>Bertie Gibson</u>	Mother's Birthplace <u>Easton</u>				
Name of person giving Information <u>May Gibson</u>	How related to deceased <u>Grandmother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Capillary Bronchitis</u>	How long <u>not known</u>
Immediate <u>& exhaustion</u>	How long <u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. F. Davidson</u>
	Address <u>Easton, Md.</u>
Accident or Suicide? <u></u>	

Easton

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mary Matilda Higgins*
Town *Measotts* County *16th*Died at *Measotts*
Date of death *1905 May 27* Age *73* Months *1* Days *23*Sex *Female* Color or Race *White* Birth-place *Pensylvania*Occupation *Midwife* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *Claniel Higgins*Father's Name *Ephraim Furrer* Father's Birthplace *Germany*Mother's Maiden Name *Catharine Cook* Mother's Birthplace *Pensylvania*Name of person giving information *Rate Tyler* How related to deceased *ablght*

CAUSES OF DEATH

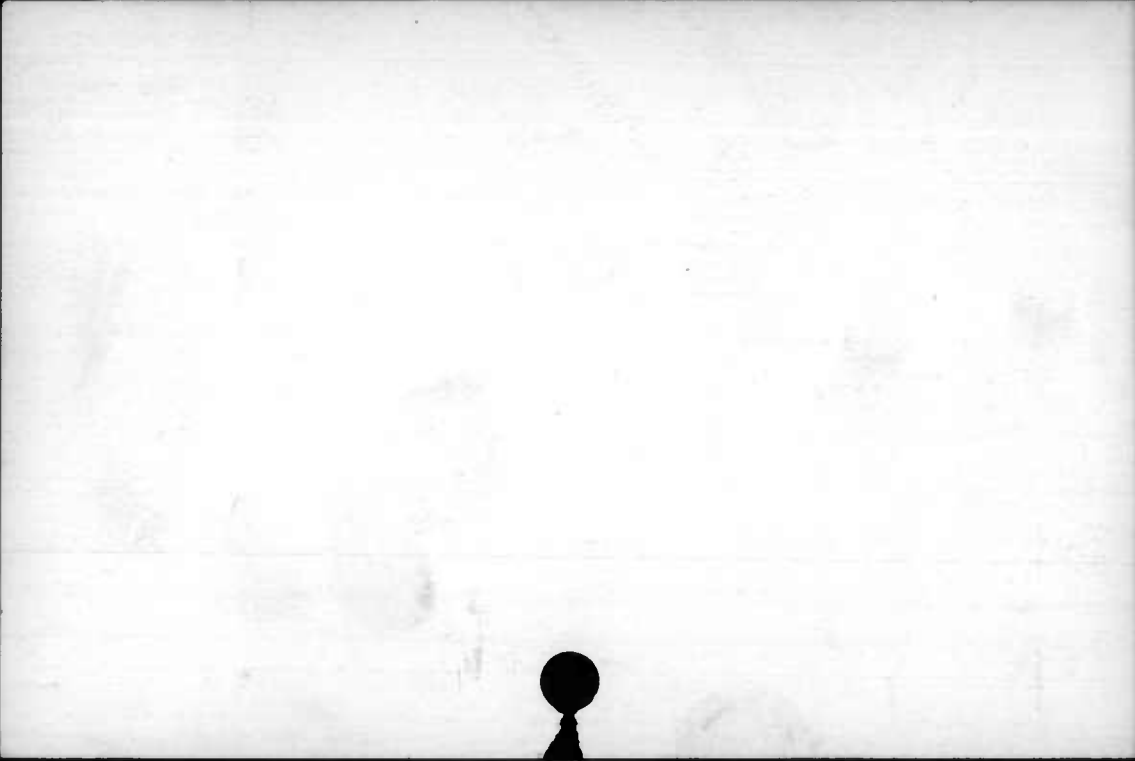
Primary *old age* How long *154*Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above?

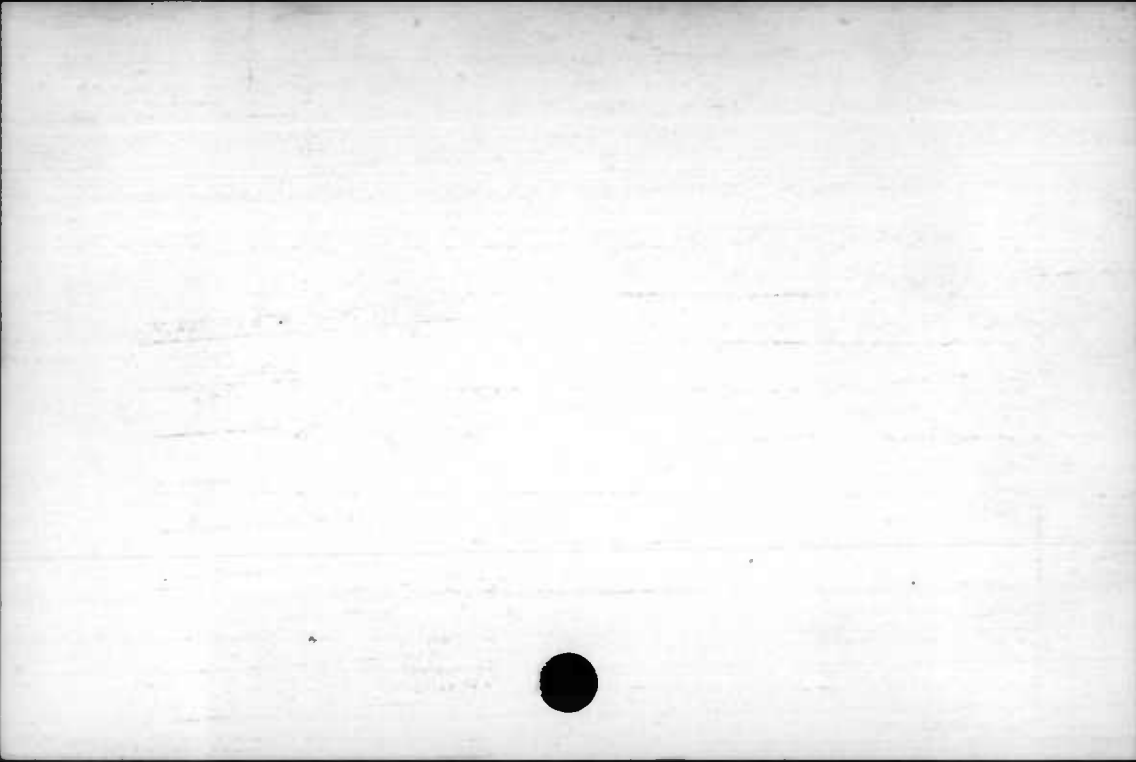
Signature of Physician

Address

Accident or Suicide?



Name in Full		Sarah Jane Johns				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died <i>near Easton</i>		Town <i>Talbot</i>		County	
		Date of death <i>1905</i>		Month <i>May</i>		Day <i>24</i>	
		Age <i>62</i>		Years		Months	
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Dr John K. Johns</i>					
Father's Name <i>Samuel Rynchart</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Susan Rynchart</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Dr John K. Johns</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Hemiplegia</i>		How long <i>5 mos</i>			
		Immediate <i>Second attack & Exhaustion</i>		How long <i>one week</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. R. Zippe M D</i>			
				Address <i>Easton</i>			
		Accident or Suicide?				Address <i>md</i>	



Name
in
Full

Florence Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Easton* ^{Town}*Talbot* ^{County}Date of death *1905* ^{Month} *May*Day *5* Age *16* ^{Years}Months *—*Days *—*Sex *Female*Color or Race *Negro*

Birth-place

Talbot Co. Md

Occupation

House Servant

Where Residing if not at place of death

Near Easton Md

Married, Single or Widowed

Single

Name of Wife or Husband

—

Father's Name

Perry Johnson Jr.

Father's Birthplace

Talbot Co Md

Mother's Maiden Name

Magge Warner

Mother's Birthplace

Talbot Co Md

Name of person giving Information

Perry Johnson Jr

How related to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis Pulmonari

How long

1 yr

Immediate

& Exhaustion

How long

few days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Chas. J. Harrison

Address

Easton, Md.~~Accident or Suicide~~

Easton

Name
in
Full

Frank Killson

CERTIFICATE OF DEATH

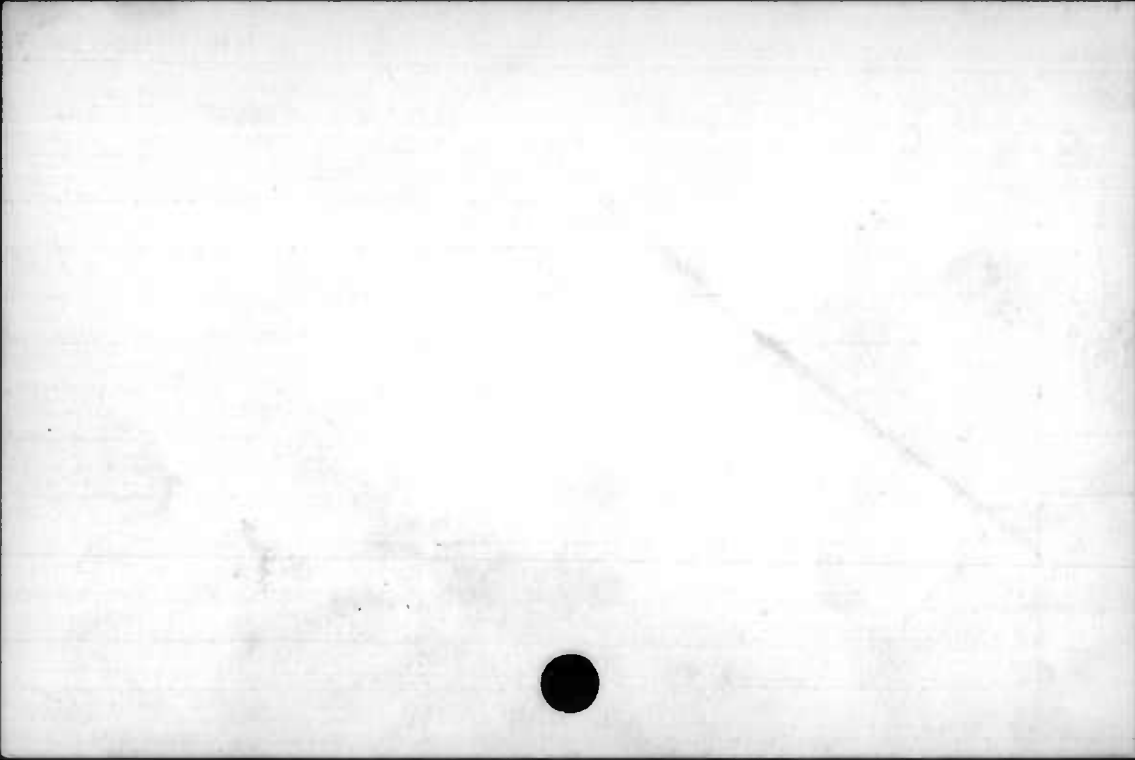
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> Town		County <u>Talbot</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>15</u>	Age <u>43</u>	Years	Months <u>7</u> Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birthplace <u>Talbot County</u>		
Occupation <u>Steward</u>		Where Residing if not at place of death <u>Easton</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Bryan</u>				
Father's Name <u>Calob Killson</u>			Father's Birthplace <u>Talbot Co</u>		
Mother's Maiden Name <u>Susan James</u>			Mother's Birthplace <u>Talbot Co</u>		
Name of person giving Information <u>William Killson</u>			How related to deceased <u>Brother</u>		

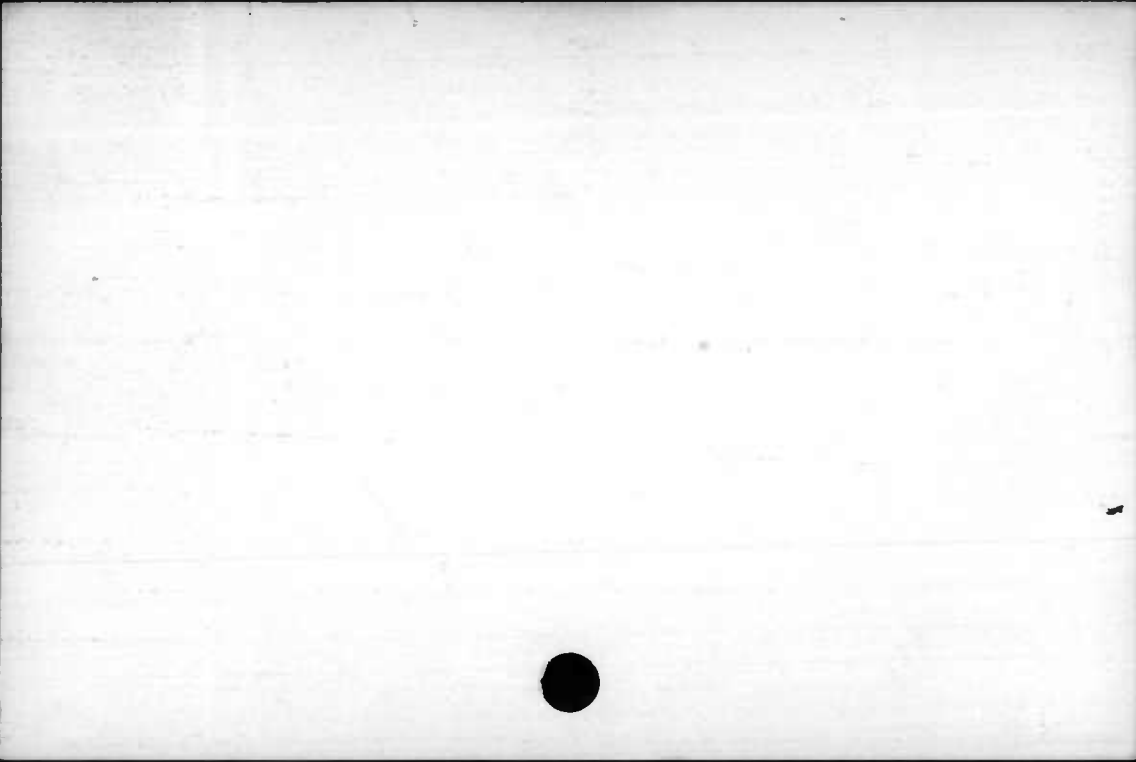
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>2 Years</u>
Immediate	How long <u>5 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>node A. Hughes</u>
	Address <u>undulation</u>
	<u>Easton Maryland</u>
Accident or Suicide?	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Easton</i> <small>Town</small>		<i>Salvator</i> <small>County</small>		MARYLAND
	Date of death <i>1905</i>	<i>May</i> <small>Month</small>	<i>13</i> <small>Day</small>	<i>76</i> <small>Years</small>	<i>2</i> <small>Months</small>
	<i>Female</i> <small>Sex</small>	<i>White</i> <small>Color or Race</small>	<i>Ind</i> <small>Birth-place</small>		
	<i>Housewife</i> <small>Occupation</small>		<i>X</i> <small>Where Residing if not at place of death</small>		
	<i>Married</i> <small>Married, Single or Widowed</small>	<i>Thomas J. McGill</i> <small>Name of Wife or Husband</small>			
	<i>William Brindle</i> <small>Father's Name</small>	<i>Ind</i> <small>Father's Birthplace</small>			
	<i>Rachel Walker</i> <small>Mother's Maiden Name</small>	<i>Ind</i> <small>Mother's Birthplace</small>			
<i>Thos J McGill</i> <small>Name of person giving information</small>	<i>Husband</i> <small>How related to deceased</small>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	<i>Bronchitis</i> <small>Primary</small>		<i>one year</i> <small>How long</small>		
	<i>Pneumonia</i> <small>Immediate</small>		<i>6 days</i> <small>How long</small>		
	<i>Yes</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>		<i>E. R. Zippke M.D.</i> <small>Signature of Physician</small>		
			<i>Easton</i> <small>Address</small>		
<i>Accident or Suicide?</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month May		Day 19		Age 21	
Sex Male		Color or Race White		Birth-place Wittenman		Months 9	
Married, Single or Widowed Single		Occupation none				Days 9	
Name of Wife or Husband							
Father's Name John O. Marshall				Father's Birthplace Wittenman			
Mother's Maiden Name Julia A. Hadaway				Mother's Birthplace B & Beck			
Name of person giving information Vennie M. Keiper				How related to deceased Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Epileptic fits		How long 20 years	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
E. P. Sparks		Address St. Michael's Mo.	
Accident or Suicide?			



Name
in
Full

Frank Radcliffe

CERTIFICATE OF DEATH

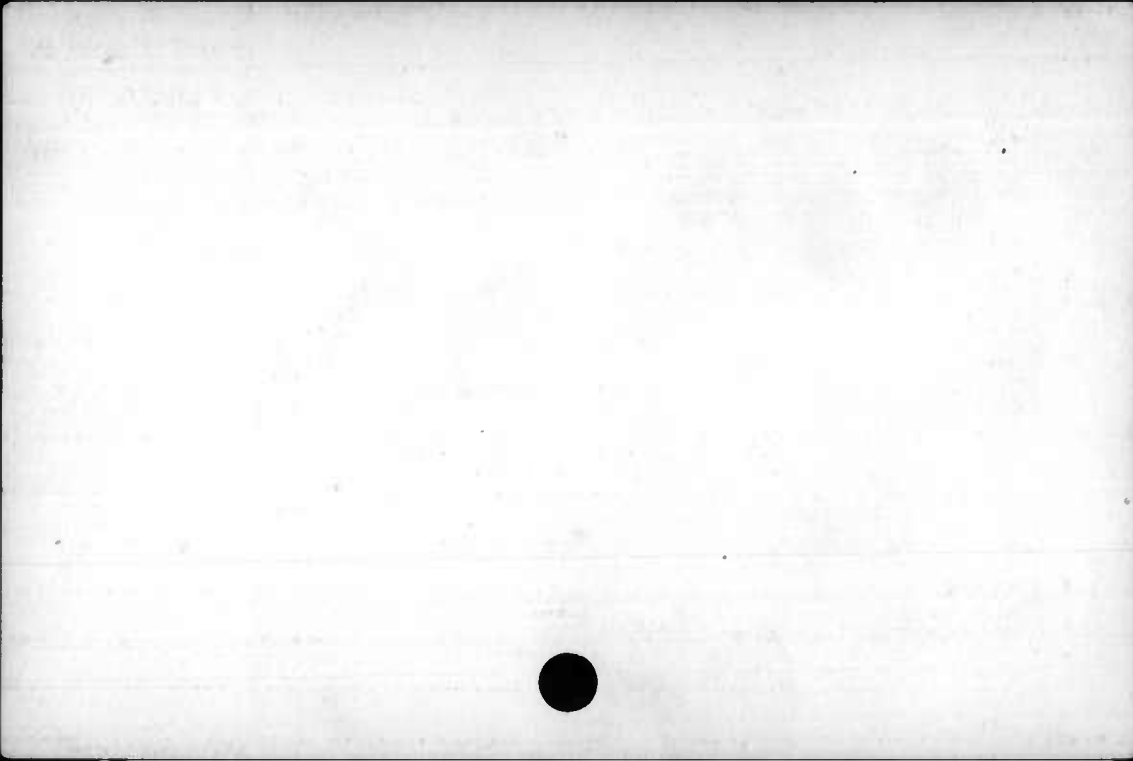
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} St. Michaels		^{County} Dorchester		MARYLAND	
Date of death 1905	Month 5	Day 19	Age 11	Months —	Days —
Sex male	Color or Race white		Birth-place St. Michaels Md		
Married, Single or Widowed Single		Occupation none			
Name of Wife or Husband —					
Father's Name Jos. H. Radcliffe			Father's Birthplace Montgomery Co Ind		
Mother's Maiden Name Anna E. Blades			Mother's Birthplace St. Michaels Md		
Name of person giving information Jos. H. Radcliffe			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	malignant diphtheria	How long 9 days
Immediate	Heart weakness	How long 24 hrs
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. J. Casecock
		Address St. Michaels Md
Accident or Suicide? <input checked="" type="checkbox"/>		



Name
in
Full

Mary Lizzie Russum

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Trappe

County

Talbot

Date

of death

1905

Month

May

Day

15

Age

Years

42

Months

—

Days

—

Sex

female

Color or
Race

African

Birth-
place

Talbot Co.

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

married

Name of Wife or
Husband

Chas. H. Russum

Father's
Name

Wm Vickers

Father's
Birthplace

Talbot Co.

Mother's
Maiden Name

Eliza Sawyer

Mother's
Birthplace

Talbot Co.

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Insanity

How long

2 years

Immediate

Inanition

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm S. Seymour

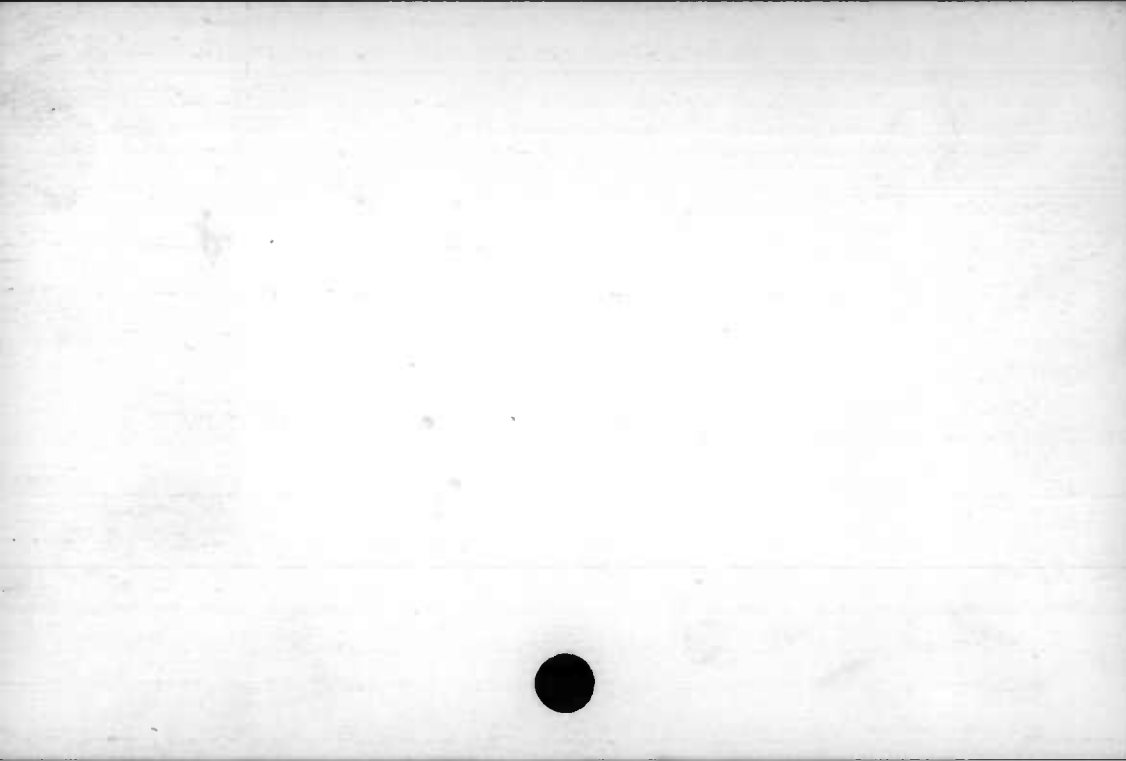
Address

Trappe

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Cora A. Sheldon

CERTIFICATE OF DEATH

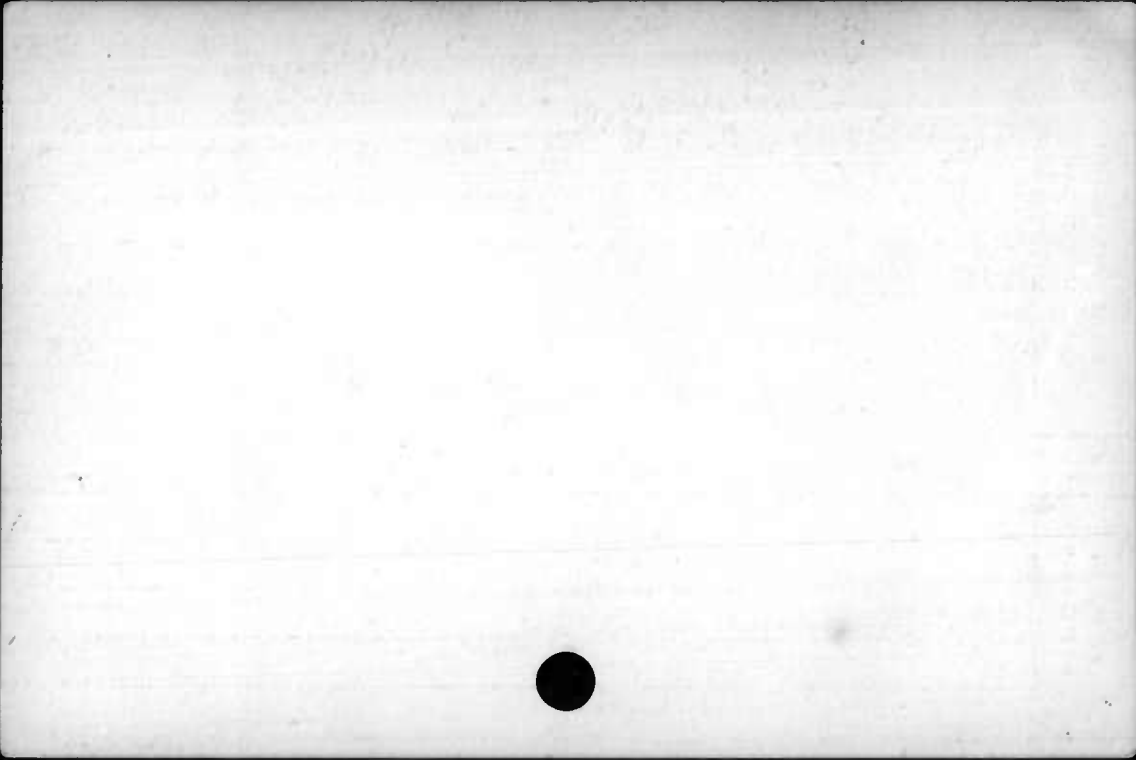
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town St. Michaels		County Talbot		MARYLAND	
Date of death 1905	Month May	Day 30	Age 68	Years	Months	Days	
Sex Female		Color or Race white		Birth- place St. Michaels Md			
Married, Single or Widowed		widowed		Occupation House-work			
Name of Wife or Husband James Sheldon							
Father's Name James Sewell		Father's Birthplace St. Michaels Md					
Mother's Maiden Name Mary. N. Townsend		Mother's Birthplace St. Michaels Md					
Name of person giving In formation Lina Blades		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of mouth	How long	8 months
Immediate	Asthenia	How long	one month
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. B. Glascock	
Address		St. Michaels Md	
Accident or Suicide?			



Name
in
Full

Charles Shucias Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Coppertown

Tallapoosa County

Date of death 1905 May

Day 3rd

Age 16

Months —

Days —

Sex Male

Color or
Race

Columbia

Birthplace Tallapoosa Co. Ala

Occupation

mm

Where Residing if not
at place of death —Married, Single
or Widowed

Single

Name of Wife or
Husband —Father's
Name

Charles Shucias

Father's
Birthplace

Tallapoosa Co. Ala

Mother's
Maiden Name

Sarah Keller

Mother's
Birthplace

Tallapoosa Co. Ala

Name of person giving
information

Charles Shucias

How related
to deceased

Father

CAUSES OF DEATH

Primary

Corruption of bowels

How long

Seven months

Immediate

Heart failure & Rheumatism

How long

2 or 3 hrs

Are the name, age, sex, color, date
and place correctly given above?

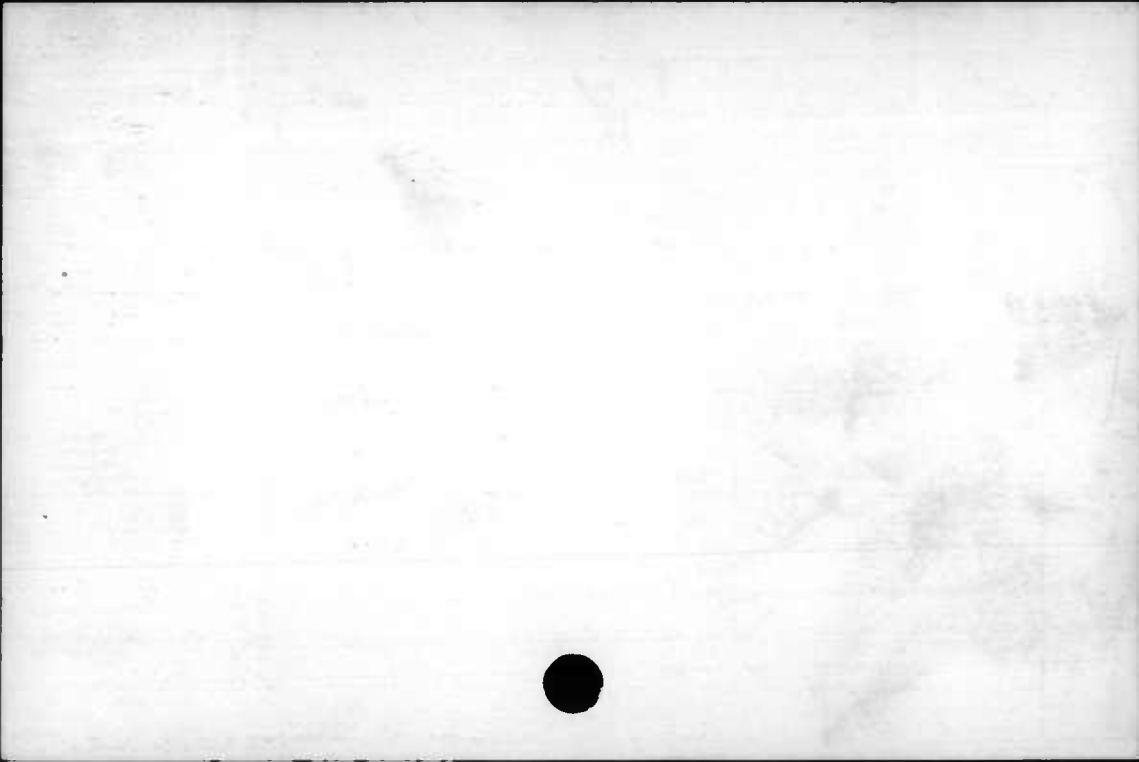
Yes

Signature of
Physician

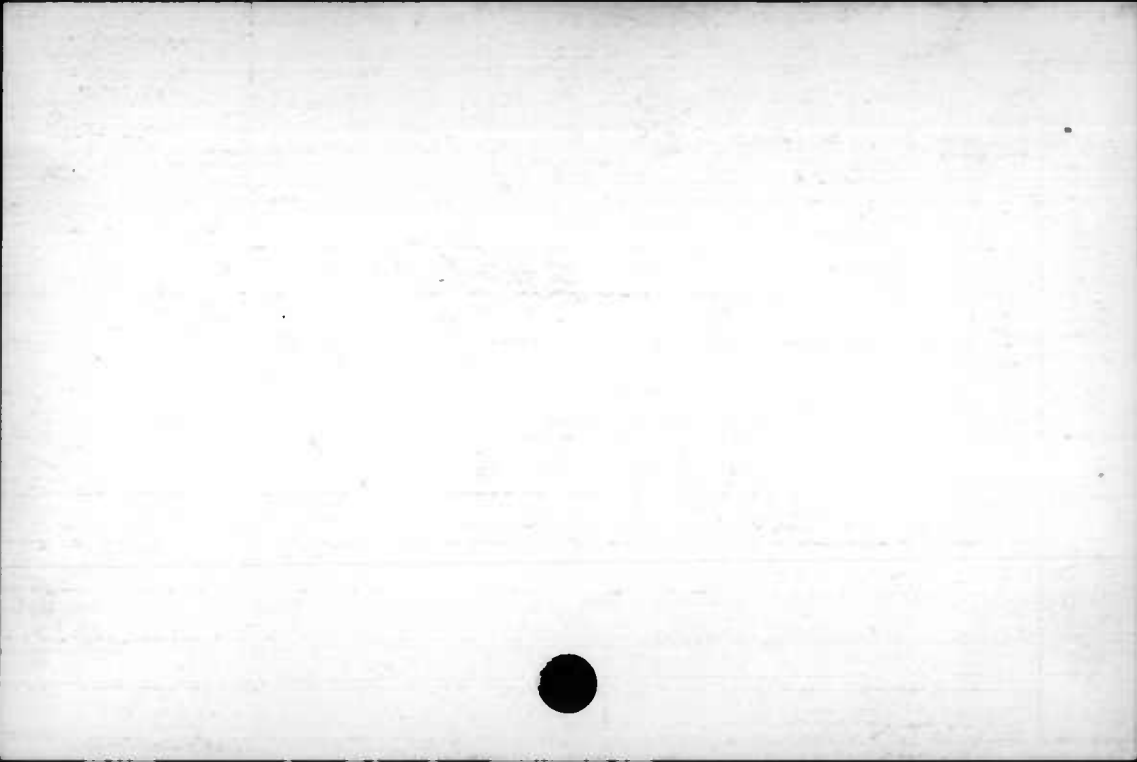
Address

Julius A. Johnson
Ea. Ala

Accident or Suicide?



Name in Full		Wm B. Stitchberry				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Near Easton		Talbot County		MARYLAND	
	Date of death	1908	May	16	Age	66	Months Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farming		Where Residing if not at place of death	Near Easton, Md.		
	Married, Single or Widowed	Married		Name of Wife or Husband	Sarah A. Smith		
	Father's Name	Wm J. Stitchberry				Father's Birthplace	Talbot Co. Md.
	Mother's Maiden Name	Eliza Roy				Mother's Birthplace	Maryland
	Name of person giving information	Wm B. Stitchberry Jr.				How related to deceased	Son
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Supposed Organic Heart Disease				How long	Not Known
	Immediate	Heart Failure				How long	1 minute
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Chas. J. Davidson	
					Address	Easton Md.	
<div style="text-align: center;">Accident or Suicide?</div>							



Name
in
Full

Bateman Sullivan

CERTIFICATE OF DEATH

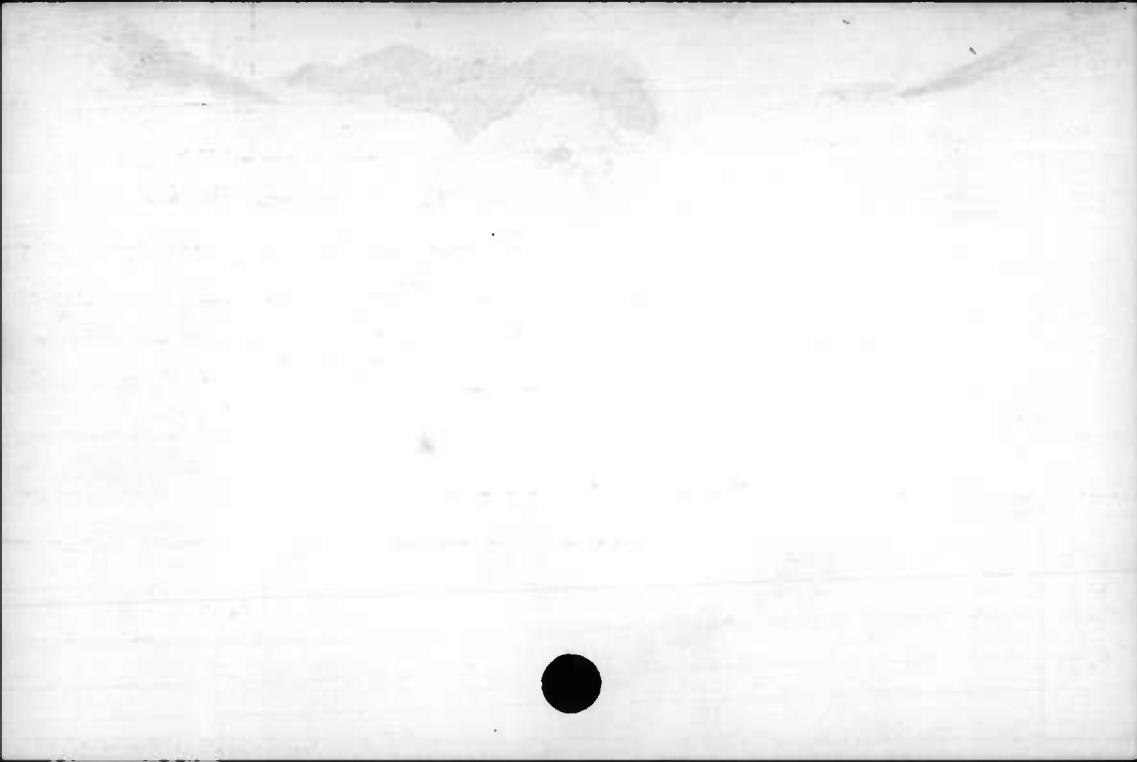
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trappe</i>		Town		County <i>Talbot</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>2</i>	Age <i>86</i>	Years	Months <i>1</i>	Days <i>3</i>
Sex <i>male</i>	Color or Race <i>African</i>			Birth-place <i>Talbot Co.</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>widower</i>			Name of Wife or Husband				
Father's Name <i>Peter Bateman Sullivan</i>			Father's Birthplace				
Mother's Maiden Name <i>Mary A. Warner</i>			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Prostatic hypertrophy</i>	How long <i>2 years</i>
Immediate	<i>Cyelo-nephritis - Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm S. Symons</i>
		Address <i>Trappe</i>
Accident or Suicide? <i></i>		



Name
in
Full

Loose Thomas

CERTIFICATE OF DEATH

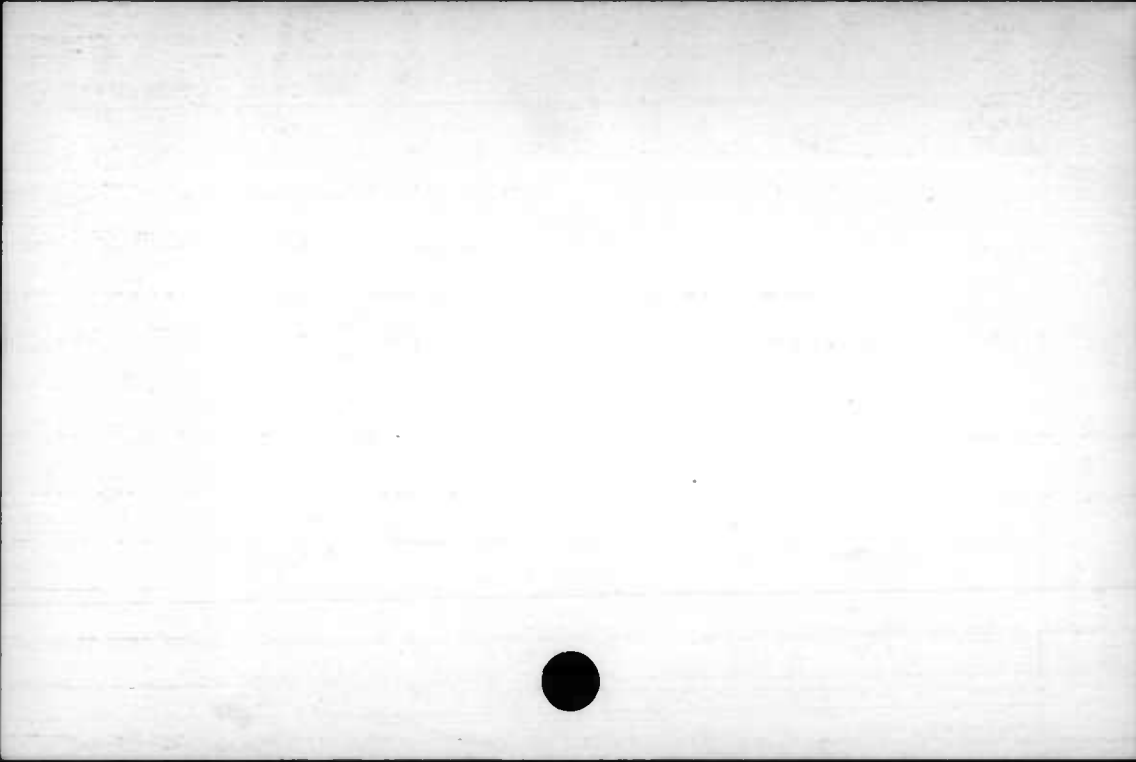
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chapel</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	1905	Month	May	Day	3
Age	60	Years		Months	
Sex	Male	Color or Race	Black	Birth-place	Talbot Co
Occupation	Suburban		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	
				J. E. Wilson	
				None	

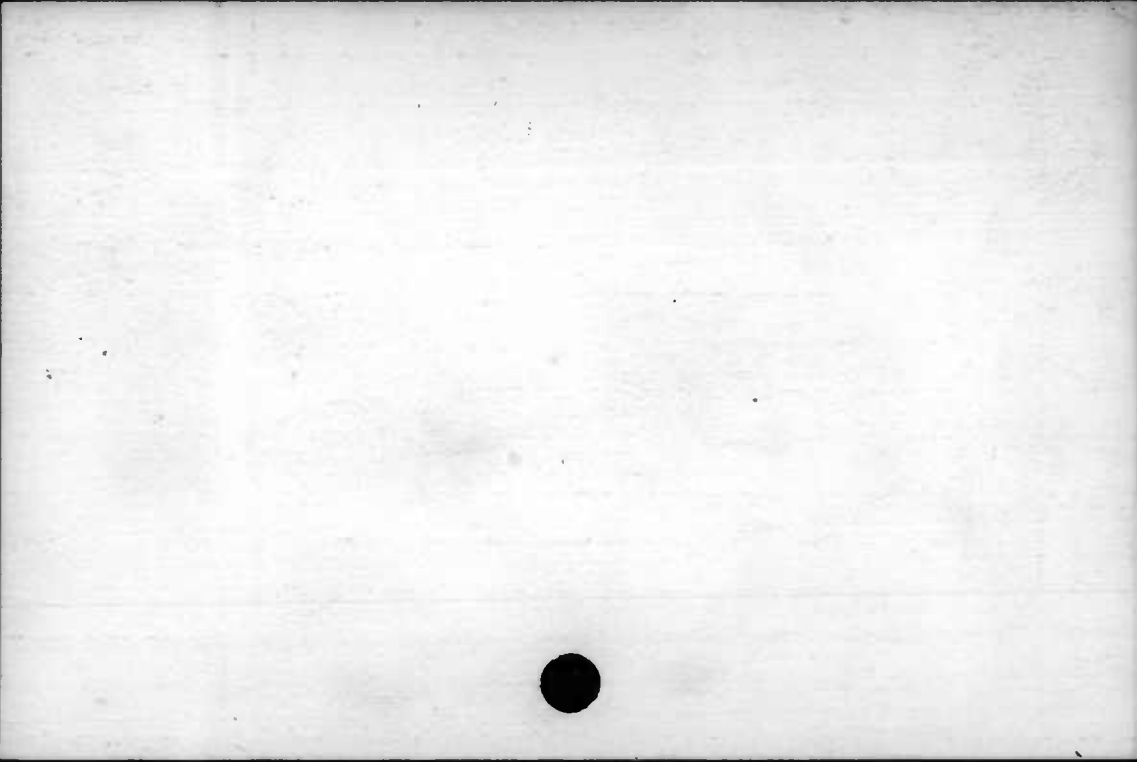
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial Nephritis	How long	120	4 m
Immediate	Uremia of toxin	How long	4 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		E. J. Wilson		
Accident or Suicide?				



Name in Full		Sarah Ann Todd				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Dundee, Miles River Neck.		County		
				Tallm-		MARYLAND		
		Date of death		1905	Month	May	Day	23rd
		Age		72	Years	11	Months	5
		Sex		Female	Color or Race		White	Birth-place
				Caroline Co. Md				
		Occupation		Housewife		Where Residing if not at place of death		
Married, Single or Widowed		Widowed		Name of Widow Husband		John B. Todd		
Father's Name		John Todd		Father's Birthplace		Caroline Co Md		
Mother's Maiden Name		Sarah Cliscutt		Mother's Birthplace		Caroline Co. Md		
Name of person giving information		W. E. Todd		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Valvular Heart Disease & Enlarged		How long		
				Mesenteric Glands		Two years		
		Immediate		Exhaustion & Heart Failure		How long		
						Six hours		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Julius A. Johnson		
		Address		Edin-				
		Accident or Suicide?				Md		



Name
in
Full

Samuel Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Trappe</i>		^{County} <i>Talbot</i>		MARYLAND	
Date of death	<i>1905</i>	^{Month} <i>may</i>	^{Day} <i>17</i>	Age ^{Years} <i>54</i>	^{Months} <i>1</i> ^{Days} <i>16</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Talbot Co</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>home</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Samuel Townsend</i>		
Father's Name	<i>Samuel Townsend</i>		Father's Birthplace	<i>Delaware</i>	
Mother's Maiden Name	<i>Boborn</i>		Mother's Birthplace	<i>Talbot Co.</i>	
Name of person giving information	<i>Charles H. Townsend</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic heart disease & Chronic Nephritis</i>	How long	<i>3 years</i>
Immediate	<i>Chronic uremia & Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>William S. Sepmeyer</i>
		Address	<i>Trappe Md.</i>
Accident or Suicide? <i>no</i>			

